

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-weight: bold;">107089974</div>	FILING DATE				
CLAIMS							APPLICANT(S)					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*		
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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46						96						
47						97						
48						98						
49						99						
50						100						
TOTAL IND.		TOTAL DEP.		TOTAL CLAIMS		TOTAL IND.		TOTAL DEP.		TOTAL CLAIMS		
		6						6				

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADVERTISEMENTS

Barbara Campbell
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